## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

9884

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                |   |   |              |              |                                 |   |               | SMALL ENTITY TYPE C |                        |       | OTHER THAN R SMALL ENTITY |                        |  |
|---|---|---|--------------|--------------|---------------------------------|---|---------------|---------------------|------------------------|-------|---------------------------|------------------------|--|
| TOTAL CLAIMS  |   |   | 22           |              |                                 |   | F             | ATE                 | FEE                    |       | RATE                      | FEE                    |  |
| FOR   |   |   | NUMBER FILED |              | NUMBER EXTRA                    |   | BAS           | SIC FEE             | 370.00                 | OR    | BASIC FEE                 | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                       |   |   | 2 Cminus 20= |              | * 2                             |   | ×             | (\$ 9=              |                        | OR    | X\$18=                    | 36                     |  |
|   | EPENDENT CL   |   | 3 minus 3 =  |              | * 6                             |   | >             | (42=                |                        | OR    | X84=                      |                        |  |
| MU  | LTIPLE DEPENI   | DENT CLAIM PI                             |              |              |                                 | +                                       | 140=          |                     | OR                     | +280= |                           |                        |  |
| * If the difference in column 1 is less than zero             |   |   |              |              | r "0" in c                      | olumn 2                                 | T             | JATC                |                        | OR    | TOTAL                     | 776                    |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |   |   |              |              |                                 |   | SI            | MALL                | ENTITY                 | OR    | OTHER<br>SMALL I          |                        |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA                        | F             | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus        | **           |                                 | =                                       | ×             | (\$ 9=              |                        | OR    | X\$18=                    |                        |  |
|   | Independent   | *   | Minus        | ***          | T.O. A.D.4                      | =                                       | $\rightarrow$ | (42=                |                        | OR    | X84=                      |                        |  |
| L_  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |              |                                 |   |               | 140=                |                        | OR    | +280=                     |                        |  |
|   |   |   |              |              |                                 |   |               | TOTAL<br>DIT. FEE   |                        | OR    | TOTAL<br>ADDIT. FEE       |                        |  |
|   |   | ADL                                       | )II. I CC (  |              |                                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               |                     |                        |       |                           |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREV  | HEST<br>MBER<br>IOUSLY<br>DFOR  | PRESENT<br>EXTRA                        | F             | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus        | **           |                                 | =                                       | >             | (\$ 9=              |                        | OR    | X\$18=                    |                        |  |
|   | Independent   | *   | Minus        | ***          | T CL AINA                       | =                                       | >             | <42=                |                        | OR    | X84=                      |                        |  |
|   | FIRST PRESE   | NTATION OF M                              | OLTIPLE DEF  | PENDEN       | CLAIM                           |   | +             | 140=                |                        | OR    | +280=                     |                        |  |
|   |   |   |              |              |                                 |   |               | TOTAL<br>DIT. FEE   |                        | OR    | TOTAL<br>ADDIT. FEE       |                        |  |
|   | (Column 1) (Column 2) (Column 3)  |   |              |              |                                 |   |               | )II. FEC            |                        | •     | ADDII. I EL               |                        |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA                        | F             | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus        | **           |                                 | =                                       | >             | (\$ 9=              |                        | OR    | X\$18=                    |                        |  |
| AME   | Independent   | *   | Minus        | ***          | IT OL ALL                       | =                                       | >             | <42=                |                        | OR    | X84=                      |                        |  |
| 卜   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |              |                                 |   |               | 140=                |                        | OR    | +280=                     |                        |  |
|   | If the entry in colu  | L   | TOTAL        |              | l                               | TOTAL                                   |               |                     |                        |       |                           |                        |  |
| ***   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |              |                                 |   |               |                     |                        |       |                           |                        |  |